



DETERMINATION OF DEATH ON SCENE

PURPOSE

To identify situations when an EMT or EMT-P may be called upon to determine death on scene.

POLICY

An EMT or EMT-P may determine death on scene if **pulselessness and apnea** are present with any of the following criteria. The EMT-P is authorized to discontinue BLS CPR initiated at scene if a patient falls into the category of obvious death. If any ALS procedures are initiated, only the Base Station physician/designee may determine death in the field. In any situation where there may be doubt as to the clinical findings of the patient, BLS/CPR must be initiated and the Base Station contacted, per Protocol Reference #12020, Withholding Resuscitate Measures Policy. When death is determined, the County Coroner must be notified along with the appropriate law enforcement agency.

DETERMINATION OF DEATH CRITERIA

1. Decomposition.
2. Obvious signs of rigor mortis such as rigidity or stiffening of muscular tissues and joints in the body, which occurs anytime after death and usually appears in the head, face and neck muscles first.
3. Obvious signs of venous pooling in dependent body parts, lividity such as mottled bluish-tinged discoloration of the skin, often accompanied by cold extremities.
4. Decapitation.
5. Incineration of the torso and/or head.
6. Massive crush injury
7. Penetrating injury with evisceration of the heart, and/or brain.
8. Gross dismemberment of the trunk.

PROCEDURE

1. If the patient does not meet the Determination of Death criteria, appropriate interventions must be initiated.
2. Resuscitation efforts shall not be terminated enroute per Government code 27491. The patient will be transported to the closest facility where determination of death will be made by hospital staff.
3. Most victims of electrocution, lightning and drowning should have resuscitative efforts begun and transported to the appropriate Hospital/Trauma Center.
4. Hypothermic patients should be treated per Protocol Reference #13030, Cold Related Emergencies under Severe Hypothermia.
5. A DNR report form must be completed, if applicable per Protocol Reference #12020.

A copy of the patient care record report must be made available for the coroner. If unable to print a copy of the electronic patient care record a completed *Coroners Worksheet of Death* must be left at the scene. Completed ePCR must be faxed to the Coroner before the end of the shift.

ALS PROCEDURE

1. All patients in ventricular fibrillation should be resuscitated and transported unless otherwise determined by the Base Station Physician/designee.
2. Traumatic cardiac arrest in the setting of severe blunt force trauma, documented asystole in at least two (2) leads and no reported vital signs (palpable pulses and/or spontaneous respirations) during EMS encounter with the patient meet Determination of Death Criteria.
3. All terminated ALS resuscitation efforts must have an ECG attached to the patient care record report.
4. All conversations with the Base Station must be fully documented with the name of the Base Station Physician who determined death, times and instructions on the patient care record report.